



Department of Public Health & Human Services, Helena

**Meeting Minutes
February 16, 2011**

I. Call to order

Brad Pickhardt, MD called to order the regular meeting of the **State Trauma Care Committee** at **1130** on **February 16, 2011** in **Helena, MT**.

II. Roll call

Roll call was conducted and the following persons were present:

Present: Lauri Jackson, Andrew Michel, Leah Emerson and Tim Sinton.
Brad Pickhardt, Lyndy Gurchiek, Elaine Schuchard and Brad Vonbergen attended by teleconference. Justin Grohs attended by conference call.

Absent: Freddy Bartoletti, Dennis Maier, Pauline Linnell and Jonathan Weisul

Guests: Bobbi Perkins, Gail Hatch, Jim DeTienne, Jennie Nemec, Joe Hansen, Carol Kussman, Sam Miller, Jim DeTienne and Dayle Perrin.
John Bleicher, Jason Mahoney, Sally Hageman, Marla Leedy, Andrew Goss and Lindsey McCurdy attended by teleconference.

III. Handouts

- Agenda & previous meeting
- CRTAC, ERTAC & WRTAC meeting minutes
- DRAFT MT Field Trauma Decision Scheme/Trauma Team Activation Criteria
- DRAFT Air Medical Activation Criteria
- MT Automatic Crash Notification Project

IV. RTAC Reports

a) Central RTAC report given by Lauri Jackson

The last CRTAC meeting was January 20, 2011 and hosted by Benefis Healthcare.

^ Six facilities were represented with 24 attendees.

State report was given by Jennie Nemec. Air Medical Activation Guidelines were presented by Scott Schandelson. Education was provided regarding GCS < 9 & not intubated by Lauri Jackson. Additional topics included accurate weights whenever possible for bariatric trauma patients being transferred by air, anticoagulated trauma patients receiving appropriate care in all phases and BLS/ALS rendezvous issues.

Conrad/Benefis presented an excellent case review involving multiple patients showing excellent organization, response and transfer processes of the initial facility. Issues related to flight teams functioning in referring facilities were discussed. Clarification was communicated that medical flight teams are agents of facility being referred to, will assist as requested in referring facility, but patients still belong to referring facility who are responsible for direction of care they provide & documentation of that care. Collaborative interaction and care works well for the patients- if there are questions, staff should feel free to ask. Lauri will present the regional case to STCC 2/16/11 for their perspective.

The next CRTAC meeting is scheduled for April 21, 2011 at Benefis Health Care

b) Eastern RTAC report given by Sally Hageman

The last ERTAC meeting was September 9, 2010 at the St Vincent Healthcare. Meeting minutes were available for review. 8 facilities attended by Telemedicine.

Case reviews included neurovascular injury, geriatric trauma/warfarin reversal and Obese trauma patients. The Billings trauma conference will be a joint venture between SVH & Billings Clinic in the fall, the day preceding the November ATLS course. More as it is developed.

Interfacility transfers; reminders to send all pertinent records, including EMS scene report. The facility receiving the patient will provide feedback on patients who meet inclusion criteria (some meet referring facility criteria due to transfer to higher level of care, but may not turn out to meet receiving facility's inclusion criteria, i.e. isolated hip fracture due to same level fall)

Elaine Schuchard presented the Education subcommittee report, including news that the geriatric trauma module and an EMT refresher were presented in Sidney and the committee will work on refining the module and apply for CEUs.

Korin Bloom presented Injury Prevention update. Jennie Nemec & Bobbi Perkins presented the State Report for Trauma, EMS, Preparedness & IP.

The next ERTAC meeting is scheduled for March 10, 2010 and hosted by Billings Clinic

c) Western RTAC report given by John Bleicher

The WRTAC meeting was held on January 14, 2011 hosted by Community Medical Center in Missoula. WRTAC meeting minutes were distributed for review.

Nursing Education group split into two groups: those newer to TC roles attended "reviewing a Chart" presented by John Bleicher and veteran TCs attended "Educational Design around PI Issues" Presented by Megan Hamilton

EMS Medical Directors/EMS group discussed issues related to Air Medical activation.

Case reviews included Motor vehicle crashes with airway management, stabbing patient with knife impalement and skiers suffocated in tree well. Multiple facility case reviews need all involved afacilities on board prior to presenting RTAC cases.

Additional regional issues include triage/mass casualty criteria and Trauma standing orders developed to ensure clinical priorities don't fall through the cracks as cases progress and WRTAC discussed possible ideas for "5-year" plans.

Jennie Nemec & Kevin Fitzgerald gave the Trauma, EMS, Preparedness & IP updates.

The next WRTAC meeting is scheduled for April 15, 2011 at St Patrick Hospital in Missoula.

V. Hospital Preparedness Update Dayle Perrin

The CHEC course sponsored in collaboration with MHREF is being provided as 2-3 courses for further Training in Emergency management within hospitals.

ABLS Courses continued to be offered with good turnout.

January 25- SJH

January 27- Benefis

March 8th: St. Patrick's Hospital- FULL

March 10th: Kalispell Regional Medical Center- FULL

April 5th: Glasgow, MT- FULL

April 7th: St. Vincent's Healthcare- FULL

Basic Disaster Life Support Courses have been scheduled by computer for March, April and May with Advanced Disaster Life Support Course being scheduled at Fairmont Hot Springs June 3 & 4.

Hospital Preparedness is working with MHA to begin developing the planning process for local facilities & systems to utilize for Altered Standards of Care necessary to implement during Emergency Responses, primarily applicable in "Pan Flu" types of situations. Emphasis is not on developing and issuing the Altered Standards of Care per se but on providing local systems with resources, tools and processes to enable their evaluation and decision planning regarding care standards applicable for a given situation.

VI. State Report Jennie Nemec Carol Kussman Jim Detienne Kevin Fitzgerald

Bobbi Perkins

Joe Hansen

ATLS Courses scheduled, 2011:

March 4 & 5, Great Falls

April 8 & 9, Billings

June 24 & 25, Missoula

October 14 & 15, Missoula

November 4 & 65 Billings

Applications, info, available slots on EMSTS website: www.dphhs.mt.gov/ems

State Designation activity:

Redesignation: **Harlowton TRF**

	Livingston	CTF
	Red Lodge	TRF
	Culbertson	TRF
Focused reviews;	Scobey	TRF
	Lewistown	CTF
	Colstrip	TRF
	Crow Agency	TRF
	Philipsburg	TRF
New Applications:	Plentywood	TRF
	Sheridan	TRF

ACS Level II/MT Regional Trauma Center
Verification/designation review

Benefis Healthcare,
November 29 & 30, 2010
St. Vincent Healthcare
February 24 & 25, 2011

Education/Meetings:

STCC meetings have been scheduled for WEDNESDAYS in 2011 to facilitate attendance. STCC 2011 dates are:

February 16

May 11

August 10

November 9

Tuesday, February 15, 2011, 0900-1200, Trauma Coordinator WebEx meeting

Topics:

Trauma Clinical Guidelines; RSI, Multiple Trauma, Identification of C-Spine Injuries

Performance Improvement

“Reserve Tornado”: lessons learned

EMSC/MHREF PIN Network teleconference

“Pediatric Emergencies; Treatment of RSV & Acute Respiratory Distress in ED”

Thursday, 2/24/2011, 1200-1300

Dr Carroll King, Pediatric Intensivist, SVH

Planning for additional sessions:

Burns

Pediatric neurotrauma

Drugs of Abuse

Preparedness

Advanced Burn Life Support

Total= 119 Montana students attending to-date (EMTs, RNs, MDs, mid-level providers), HPP scheduling 4-6 courses in 2011

BDLS/ADLS

Total BDLS trained to-date: 293

Total ADLS trained to-date: 95

BDLS: budgeted for 3 BDLS computer courses spring 2011

ADLS: budgeted 1 course, June 3-4, 2011 @ Fairmont

Flu/Pandemic update:

EmergencyCare Committee:

Last meeting 11/29/10, WebEx

Air Medical Work Group- activation guidelines DRAFT

EMS documentation Rule changes

Formal Public Hearing

Closed: January 20th, 2011

AED grant

- AED \$35,000.00
- Training \$2,000.00
- BALANCE \$ 50,000.00

Mutual Aid Radio System workgroup

- Two meetings Webex
- 1st Draft reviewed Jim DeTienne
- Daily use, practice for disaster
- Mutual Aid EMS program
- 10 services with 52 individuals completed
- Incentive: XTL 2500 Mobile Digital radio / encrypted

Electronic Patient Care Report (PCR)

- 70 Services trained
- 30 Services On Line Pre-hospital Information (OPHI)
- Capability to Import/ Export data
- Billing Program EMD training
- Dire lack of available training/ education in Montana
- Met with Association of Public Safety Officials (APCO) Safety & Education
- Met with MLEA. Will allow use of facility for training.
- Proposing to adopt King County Program
- Training materials
- Flip Charts for EMD guidelines
- Train the Trainer / On line recertification

Propose to utilize the State Medical Director to relieve burden

American College of Surgeons Update;

The American College of Surgeons' Committee on Trauma has changed the nomenclature for classifying deaths. Montana will as well.

During the 2011 reporting period, it is acceptable to have mixed nomenclatures. The change will be effective beginning January 1, 2012.

<u>Old</u>	<u>New</u>
Preventable	Unanticipated mortality with opportunity for improvement
Non-Preventable	Mortality without opportunity for improvement
Possibly Preventable	Anticipated mortality with opportunity for improvement

Trauma System Issues; continue to receive attention and focus through RTACs and STCC;

- Pediatric Neurosurgery availability
- Bariatric Trauma patients
- Air Medical activation
- Interfacility Transfer Issues
- Anticoagulated trauma patients

Preventable Mortality Study

- Traumatic deaths for 2008
- 1008 initial cases
- Excluding for Non-mechanical trauma, Non-trauma, late effects;
To-date cases = 477
- All Aggregated results & conclusions
- May differentiate between “rural” & “urban”, but no more specific than that
- Care will NOT be compared to resources not available (as in “preventable if had available neurosurgical care”)
- NO facility-specific conclusions
- NO facility-specific feedback
- Will utilize new ACS “nomenclature” in classification and conclusions

PM Study Components obtained so far;

- ALL death certificates
- ALL Fatality Accident Reporting System (FARS) Reports
- ALL MHP crash investigation reports
- ALL 133 Autopsy reports, MT Crime Lab
- Medical Records So far; HAVE 196 THANK YOU!!!
NEED 70

Legislative update:

[http://laws.leg.mt.gov/laws11/LAW0200W\\$.startup](http://laws.leg.mt.gov/laws11/LAW0200W$.startup)

To: “Look up Bill Information”

To: "Preference List Searching"

Logon ID – EMSTS

Password – EMSTS2010

Preference List – EMS Active

This info On EMSTS website, too:

<http://www.dphhs.mt.gov/ems/>

“Legislative Updates”

- HB 262: EMS Equipment grants; pass out of committee Friday w/amendment: HB2 (MT budget)
- SB 278; allows private air ambulances subscription memberships (currently government services) Hearing this week
- SB 319; Child restraint & Primary SB for minors
- LC 0627; Work Comp for firefighters/EMTs; about to be introduced
- SB 251 Prohibit Distracted Driving, hearing held
- HB 328; Include Dispatchers in sheriff's retirement system, hearing held
- HB396; Provide for health care professional transparency, hearing held
- HB 320: add Firefighter to BOME, tabled in committee
- SB 82; primary seatbelt, tabled in committee
- LC 1789; requiring EMT testing in county of EMT residence, canceled
- HB 416; Provide for confidentiality for medical practices QA, hearing scheduled

Rocky Mountain Rural Trauma Symposium

- September 22 & 23, 2011, Red Lion Inn, Kalispell, WRTAC hosting;
 - M. Rotondo, MD, FACS, Chair ACS COT
 - Bob Lomastro
 - Jason Dush, REMT-P
 - B. Pickhardt, MD, FACS, Missoula
 - IP, EP, Hands-on for EMS
 - Clinical Topics for Hospital

Montana Trauma System Conference;

- Wednesday, September 21, 2011, Red Lion Hotel, Kalispell
 - Under construction;
 - Case Review PI
 - Designing Education to meet Identified Needs
 - Communications and the Team
 - + Sharing YOUR best!!!

State Trauma registry data report

presented by Carol Kussman and data issues discussed

Injury Prevention

Bobbi distributed copies of the recently issued “Burden of Injury Report” and described the purpose, contents and focus of the report components.

She reviewed IP-related legislative activities for the group. Currently, the injury Prevention CDC grant has been submitted with funding requests for a Health educator and extension of the Fall Prevention programs as priority grant activities. Applying for the grant is also in keeping with the 5-year IP plan the IP Coalition is developing for identifying, prioritizing and implementing IP strategies and programs. The IP Coalition meeting schedule has been established for April 21, August 18 and December 15, 2011. The evidence-based fall prevention program “Stepping on” is continuing to be successfully piloted in the beta hospitals with good feedback from both participants and facilities. SBIRT programs are developing a little more slowly and STCC guidance may be sought.

EMS-Children

EMS-C surveys related to hospital pediatric transfer guidelines/agreements and EMS Service equipment & supplies continue to be returned.

There are plans to revise the Pediatric Transfer Guidelines more in line with those of Washington State template to provide to facilities. The PIN network Pediatric data was initiated 5/2010 for the previous 123 months. Follow-up data is to be collected 5/2011 for the prior 12 months and compared to 2010 results. EMS-C continues to support PEARS and PEPP courses. Federal funding for EMS-C program support is to be renewed at the beginning of March, but federal budgeting is currently uncertain.

V. Draft Air Medical Activation Guidelines

Scott Schandelson, Mercy Flight, Benefis

Draft Air Medical Activation Guidelines were distributed and Scott Schandelson presented the components for STCC review. STCC were supportive of the concepts and the draft guidelines. See attached handout.

VI. ET Study update John Bleicher

The Montana state-wide Pre-hospital intubation study is progressing. No analysis has yet been undertaken. Please encourage study participation, completion and submission of the cards. Contact John Bleicher or Steve Glow if more cards are needed.

VII. Montana Automatic Crash Notification Project

Tom Seekins

Tom Seekins, University of Montana, attended by telemedicine link and described the project purpose, components and work plan as noted in the attached handout. The overall purpose is to provide vehicle telemetry data to dispatch and ultimately to EMS/scene responders for Motor Vehicle Crashes to enable reduced times, improved triage, transport and treatment decisions for specific MVCs and potential patients from the vehicle with on-board telemetry collection programs.

VIII. Subcommittee Reports

Education Subcommittee:

TNCC course have been scheduled. ERTAC continues to schedule a few TEAM course. PHTLS & ATT are being provided in Culbertson and the ERTAC Geriatric Module development continues. PEPP update was conducted. Spring Fever Trauma Conference is scheduled for April 16 in Missoula, sponsored by St Patrick Hospital. The Rimrock Trauma Conference will be a joint project between St Vincent's & Billings Clinic and will be conducted in the fall (probably the day before the November ATLS course in Billings.)

PI/EP Subcommittee:

PI summary information was reviewed. Designation & EP activities were reviewed previously during the meeting. Additional PI parameters will likely be identified during the Preventable Mortality study and those should be included as prioritized PI activities.

Public Advocacy/Legislative- no meeting

XI. Public Comment

None received.

Adjournment

Brad Pickhardt adjourned the meeting.

The next State Trauma Care Committee meeting will be held in Helena, WEDNESDAY, May 11, 2011.

Case Reviews included;

CRTAC: Multiple patient MVC @ CAH illustrating excellent CAH preparation & response with early utilization of flight team/Regional facility interface. Issues related to fse staff flight team function at referring facility were highlighted and discussed. Medical flight teams are agents of facility being referred to, will assist as requested in referring facility, but patients still belong to referring facility whose staff are responsible for direction of care they provide & documentation of that care. Collaborative interaction and care works well for the patients- if there are questions, staff should feel free to ask.

WRTAC: Complex liver laceration case with in-facility interventions implemented illustrated that time in facility may not always be as important as what is done during the time utilized and that certain emergency procedures have real benefit in specific circumstances.

Minutes respectfully submitted by: Jennie Nemec, RN, Trauma System Manager